Building an Educational Exchange in Medicine of Older People across two European countries

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CONFLICT OF INTEREST DISCLOSURE

We have no potential conflict of interest to report
Introduction

• Elderly Care in the Netherlands
• Training of Elderly Care Physicians

• Elderly Care in the United Kingdom
• Training of Geriatricians
Introduction

• Elderly Care in the Netherlands
• Training of Elderly Care Physicians

• Elderly Care in the United Kingdom
• Training of Geriatricians

• Exchange oversees:
  1) Dutch experiences
  2) British experiences

• Discussion
Care for Older People & Patients
Elderly Care, the Netherlands
Elderly Care, the Netherlands
Elderly Care, the Netherlands
Elderly Care, the Netherlands

Clinical Geriatricians

ECP

HOME

GP ↔ ECP

ECP

ECP

ECP

NICE, FRANCE - SEPTEMBER 20/22, 2017
Elderly Care, the Netherlands

- Elderly Care Physician (ECP)
  - 1650 and 350 trainees
  - 3 years training
  + optional 2 years specialisation

- Clinical Geriatrician (Geriatrician)
  - 300 and 100 trainees
  - 5 years training
Elderly Care, the Netherlands

- Elderly Care Physician (ECP)
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Elderly Care Physicians Training

1st year

Nursing Home: psychogeriatric medicine | Rehabilitation
Elderly Care Physicians Training

1st year
Nursing Home: psychogeriatric medicine
Rehabilitation

2nd year
Acute Hospital
Geronto psychiatry
Elderly Care Physicians Training

1st year
Nursing Home: psychogeriatric medicine
Rehabilitation

2nd year
Acute Hospital
Geronto psychiatry

3rd year
GP Consultancy
Nursing home: Physical impairments
ECP
Elderly Care, the United Kingdom

- Geriatricians
  - 1650 consultants and 680 trainees
  - Care Home Medicine and Community Geriatricians exist but in Smaller Numbers than Netherlands
  - Nearer to clinical geriatrician role
Elderly Care Training, the UK

Medical School
5 years

Foundation Year 1
1 year

Foundation Year 2
1 year

Core Medical Training
2 years

Specialty Training (Geriatric Internal Medicine)
5 years
Elderly Care Training, the UK

- Five Years - Two Curriculums
- General Internal Medicine
- Geriatric Medicine
  - CGA
  - Acute Illness
  - Chronic Disease and Disability
  - Planning Transfers of Care
  - Delirium
  - Dementia
  - Continence
  - Falls
  - Poor Mobility
  - Nutrition

- Tissue Viability
- Movement Disorders
- Community Practice
- Orthogeriatrics
- Old Age Psychiatry
- Palliative Care
- Frailty
- Stroke Care
- Higher Level Competencies
  - Falls and Syncope
  - Perioperative Care
  - Falls and Syncope
  - Continence
Elderly Care, the UK

- **Geriatricians**
- **GP or Geriatricians**
- **GP (community geriatricians)**

Diagram showing various settings for elderly care in the UK, including hospitals, homes, and community settings.
The Exchange: UK & NL

The Kirkpatrick Model of training

- 1 Reaction
- 2 Learning
- 3 Behavior
- 4 Results
Experiences

Care homes and temporary care

- Geriatric Rehabilitation: Lings Bar Hospital
- Home visits: Occupational Therapist & District Nurse
- Care home with nursing: ‘Connect House’
- Nursing home: Wren Hall, specialized dementia care
Level 1: Reaction

Advanced acute medical care in Geriatrics

Reflected in expertise:
- A&E triage
- OPAU
- SCOPES clinic
- Syncope clinic

Specialized in-hospital mental care
Level 2: Learning

Acute Care -versus- Community Practice

- Enhancing collaboration between ECPs & Clinical Geriatricians.
- Prevention unnecessary admissions

Community hospitals, Care homes & Nursing homes

- Well skilled nursing & therapists
- Advanced Nurse Practitioners
Level 3: Behaviour

- **Conversations**: continuing subject
- **Awareness**: snowball effect
- **Collaboration** with GPs (department of Primary Care)
- November 2017: **Congress Symposium** in the Netherlands National Professional Association in Old Age Medicine
Experiences: Mapped to Specialist Interest

• Hip fracture clinic and orthopaedic team
• NEBO
• Reinier de Graaf
• Shared education program with Elderly Care Physicians
• Emergency care
• Schiedam Delirium Unit
• Community Visits
Experiences: Mapped to Specialist Interest

- Topaz Overduin, Katwijk
- BAVO Europoort, Rotterdam
- Shared education programme with Elderly Care Physicians
- Emergency Care
- Parnassia
  - Klinisch Centrum Mangostraat
  - Dorestad
- Home visits with Elderly Care Physician
Level 1: Reaction

- Grasping the ECP role
- Proactive advance care planning
- Alternate System of Funding
- Models of Integrated Care
- Significantly greater focus on community/care home care model
## Level 2: Learning

<table>
<thead>
<tr>
<th>Curriculum Objectives</th>
<th>Description</th>
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<tbody>
<tr>
<td>3.2.6 Planning Transfers of Care and Ongoing Care Outside Hospital</td>
<td>Emphasis on rehabilitation, close integration of transfers of care</td>
</tr>
<tr>
<td>26. Evaluating Performance and Developing and Leading Services</td>
<td>Opportunities to see models of care in alternative healthcare system – exposure to new processes challenges UK models of care and stimulates innovation at home</td>
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<tr>
<td>29. Diagnosis and Management of Chronic Disease and Disability</td>
<td>Exposure to advance Dutch rehabilitation facilities and models of care including role of ECP - ?role in UK</td>
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<tr>
<td>30. MDT working and Rehabilitation</td>
<td></td>
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<tr>
<td>40. Community Practice Including Continuing, Respite and Intermediate care</td>
<td>Collaboration with colleagues in geriatric medicine who approach care from a community perspective vs heavy acute focus on acute hospital care in UK</td>
</tr>
</tbody>
</table>
Level 3: Behaviour

- Amount that can be done in community
- Value of Exposure to Another Healthcare System
- Future Consultants – better placed to innovate for older people
- Instead of comparing Dutch vs UK models of care – both teams seeking to answer a single question....

The UK versus the Netherlands: Where would you want your grandmother to be looked after?

Barry Evans and Rachel Cowan are Specialty Trainees in Geriatric Medicine currently working as Clinical Fellows in Quality Improvement for Integrated Medicine in the East Midlands. They recently had the opportunity to undertake an exchange with Anouk Kabboord – Elderly Care Physician trainee in the Netherlands.

At a time when the European narrative is being rewritten, a common challenge facing all European nations is population ageing. Seeing and learning from different European countries’ responses to an ageing population is an invaluable opportunity to learn, discuss and share innovation between countries. As part of Health Education East Midlands’ Quality Improvement Fellowship, we were recently able to set up an exchange between the UK and the Netherlands for geriatricians in training to see and learn from each other’s working environments.
Level 4: Results

• Collaborative Teaching Sessions
• Future Hospitals Article
• Curriculum Mapping
• Sustainability of Exchange
• Future Teaching Sessions Between ECPs and UK geriatricians
• Future service improvement work/research?
Challenges

• Guideline Factors – Slight Difference in Clinic Practices
• Professional factors – Time pressures and difference in focus of geriatric training programmes
• Incentives and resources – release of trainees from clinical work, funding for exchange
• Capacity for organisational change – complexity of existing organisations
• Social factors – language, culture differences
• Legal factors
“How can we collaborate to design models of care, in which our grandparents would want to be looked after ... irrespective of geographical location?”
OVERALL DISCUSSION